Mental Health Series

Expert Testimony Linking Child Sexual Abuse with Posttraumatic Stress Disorder

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Introduction

All individuals, including children and adolescents, experience stressful events that can possibly affect them physically and/or emotionally. Usually, their problems related to stress are brief, and full recovery is probable. However, as with adults, children and adolescents who experience a catastrophic event(s) may develop ongoing difficulties know as posttraumatic stress disorder (PTSD). Usually, the traumatic event involves a situation where someone's life has been threatened or severe injury has occurred. An experience such as sexual abuse could, but does not necessarily, trigger PTSD.[1]

Although PTSD is not necessarily a consequence of sexual abuse, it is a frequent condition following traumatic sexual abuse when the child has been raped, abducted, threatened, or forced into a position of helplessness. In some children and adolescents, the symptoms of PTSD may be expressed by disorganized thinking, agitated behavior, and/or angry outburst. Other children may be quiet, watchful, and/or immobile. They may avoid any physical display of their agitation. Some have problems concentrating and/or sleeping. Symptoms may be severe and persistent that sometimes evolve into a chronic traumatic disorder.[2]

When individuals are arrested for committing child and/or adolescent sexual abuse, experts (primarily psychiatrists and pediatricians) are frequently used by courts during the case litigation of the defendants accused of this crime. Many times the issue is whether the abuse actually occurred. However, frequently an expert will attempt to prove that the sexual abuse did occur by indicating that the victim is suffering from PTSD.

Tennessee courts have followed the federal courts in establishing the reliability and relevancy of expert testimony prior to allowing the expert to testify. In doing so, the court has the discretion to determine if the qualifications and competency of the experts are appropriate. Further, the court may determine what documentation and/or testimonies are admissible and relevant.[3]

Tennessee Case Study

The following is an actual Tennessee case review. In June 1984, the defendant (to be known in this article as "LB") was arrested on charges of child sexual abuse. She was subsequently indicted on 19 counts of aggravated rape and 19 counts of aggravated sexual battery involving 19 different children. All the children listed in the indictment were enrolled in the Georgian Hills Day Care Center in Memphis between 1983 and 1984 where LB was a part-time employee. LB was eventually tried on 16 counts of aggravated rape or aggravated sexual battery against 11 children. During the trial, the state offered expert testimony of a psychiatrist (to be known in this article as "Dr. L").

Dr. L. testified that the symptoms exhibited by the children were consistent with the symptoms of PTSD and that, therefore, the stressful precipitation of this syndrome in these children was sexual abuse. Dr. L. testified that there is no one characteristic that will be exhibited by all sexually abused children; rather there are groups of symptoms upon which his testimony relied. Some of the traits relied upon by Dr. L. included bedwetting, clinging, fear, irritability, nightmares, anxiety, and discipline problems.

The jury trial lasted over six weeks and culminated with LB's conviction on a single count of aggravated sexual battery against one of the children. On review by the court of appeals, the verdict was overturned. The appeals court determined that admission of expert testimony linking the symptoms of PTSD with sexual abuse of the victims was a reversible error in this case's aggravated sexual battery prosecution. The court stated there was no evidence that the facts underlying Dr. L's testimony were of the type reasonably relied on by experts in the field. In addition, the court found that the characteristics or traits attributed to the alleged sexual abuse victims in this case were the same symptoms that could be exhibited by children who were merely distressed by the turbulence of growing up. Therefore, the expert testimony that the children exhibited symptoms of PTSD could not be used to confirm the fact that sexual abuse had occurred.[4]

Discussion

When litigation is involved as a result of sex abuse allegations, the psychiatrist and/or pediatrician may be called on by parents to evaluate the child or adolescent displaying PTSD symptoms and asked to give an opinion as to whether the sexual abuse has occurred. This occurs frequently in divorce proceedings where one parent has accused the other parent of inappropriate sexual behavior toward the child. This evaluation continues to be even more difficult when young children are involved and, particularly, when there are significant financial resources at stake. To further complicate the evaluation process, the young child may not fully understand what is happening and, without reservation, agrees with whatever the accusing parent is saying.[2]

Between 3% and 8% of instances where children are referred to an agency, program, or emergency room because of sexual abuse are unfounded and a result of false accusations. In addition, as many as half of all reported child and adolescent sexual abuse cases fall into the "unsubstantiated" category. There are instances where sexual abuse appears to have occurred and where the accusations are later found to be false or unfounded. Often, this is attributable to misinterpretation or over-interpretation of physical and emotional symptoms.

Exhaustive lists of symptoms of child and adolescent sexual abuse have been and continue to be published in popular magazines, self-help publications, and medical and psychiatric literature. Although the symptoms presented in the documents mentioned above are more likely to indicate other types of emotional problems, they often are viewed as indisputable proof of sexual abuse.

Conclusion

Without question, being sexually abused is one of many painful and potentially damaging experiences that an individual can suffer during childhood. To the extent that sexual abuse as a child or adolescent has long-lasting negative effects depends on a variety of factors such as the act(s) of abuse itself/themselves and the relationship in which the abuse and the child's response occurs. Child sexual abuse does not, in itself, "doom" individuals to lives of horrible suffering. If a child or adolescent has been sexually abused and experiences some of the symptoms of PTSD described above, the abuse is not necessarily the primary, let alone only, reason for the symptoms and related suffering.[5]

Questions about the validity of accusations of sexual abuse frequently surface in the context of divorce and child custody and visitation disputes. The accusations may be true or spawned by understandable anxiety or an intentional effort to influence the court.[2]

Courts frequently call on psychiatrists and pediatricians to assist in determining sexual abuse when a defendant has been accused of the crime. Psychiatrists/pediatricians need to be extremely cautious when "taking the leap" in these cases by testifying that a child or adolescent has been sexually abused because he/she is suffering from PTSD. TM

References

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